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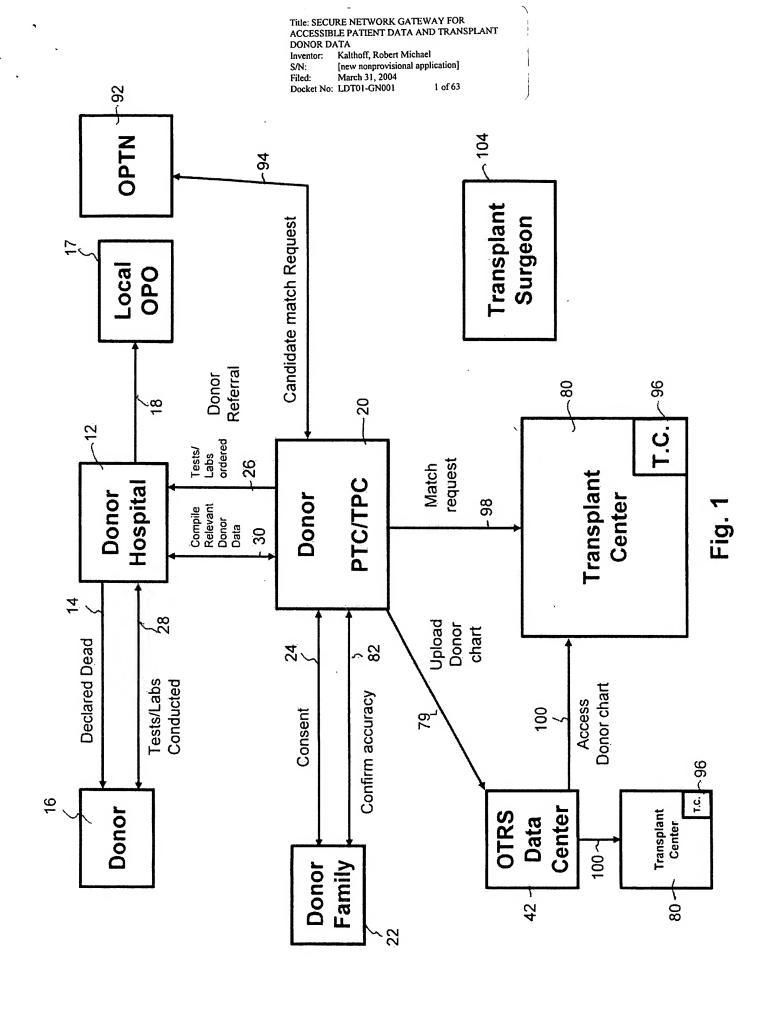
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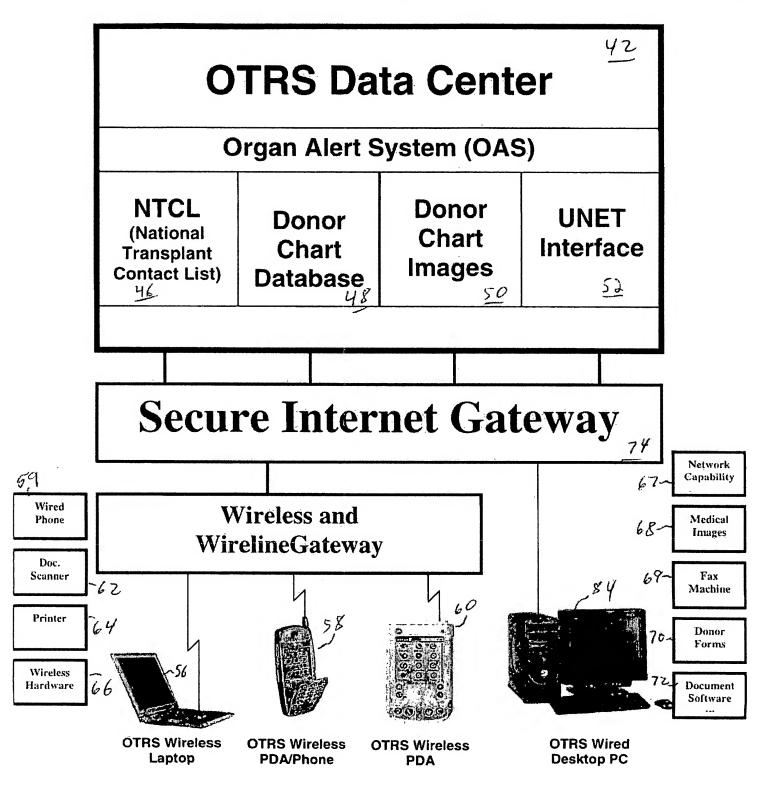
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Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

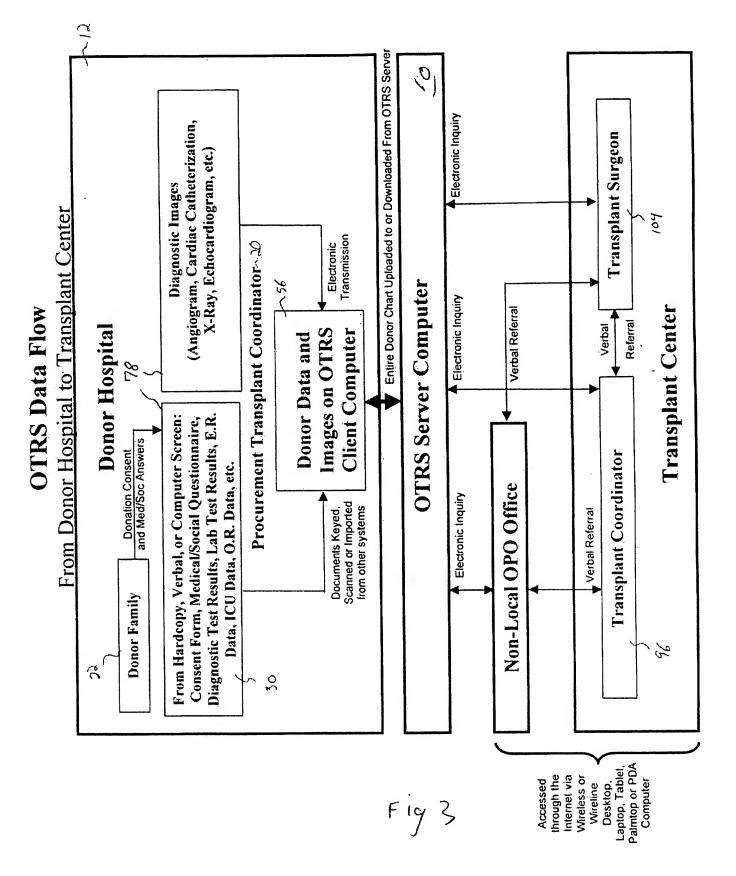
Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
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# OTRS System Architecture



Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
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	DONOR IMPRINT
QNo,LA QSo, LA QCentral LA QMM QOC QIE QKern	
□Recovered □Consented But Not Recovered □Consent Rescinded	
OneLegacy #UNOS ID #	Medical Record #
Coord	inator name(s)
DONOR II	APORMATION .
Donor Hospital Provider #	Hospital Unit
ZIP Code	Telephone #
Date Time Admission	· Fax#
Date/Time of Referral Date/Time of Arrival	Relemng Person
}	Attending Physician
Donor Name	Cause of Death (See Codes)
SSNDOB	Mechanism of Death (See Codes)
AddressStateZIP	Circumstances of Death (See Codes)
Age Sex Ht. Wt. Race	☐Brain Death Pronounced ☐Asystole
Active Military	
QU.S. Bom QNot U.S. Bom QU.S. Citizen	Date/TimeMD/DO
How long lived in U.Syrs.	Method(s) Used
Donor Occupation:	Permission for donation
Carrioty Gradi dispanic ongin	Restrictions/Denial reason(s)
□Hispanic: Mexican □Hispanic: other	30,110,100,001,001
HLA A B DR C	Name of M.E./Coroner
450	Date/Time of Contact
ABO Rh Sub	Autopsy QYes QNo
CONSENT	NFORMATION
Donor Card QYes QNo QUnknown Date/Time of Co	nsentRequest made by
(NOK)	Relationship
Address	
	_ Funeral Home
Organ Consent Requested? If not requested, w	rite reason Consent obtained? If not, give reason
Kidney Yes ONo	QYes QNo
Liver	QYes QNo
Intestine	QYes QNo
HeartOyes ONo	
Lung	
Tissue	QYes QNo
	QYes QNo
Tissue Bank Ti	ssue Bank Coordinator
Consent for Research	OOther

Title: SECURE NETWORK GATEWAY FOR
ACCESSIBLE PATIENT DATA AND TRANSPLANT
DONOR DATA
Inventor: Kalthoff, Robert Michael
Selection of the property of the proper

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DONOR NAME	UNOS #	
ADMISSION CO	DURSE/COMMENTS	
	1	
•		>
	`	
dmission toxicology corporation		
dmission toxicology screen results:		
dicators on the diagrams and describe below. Include any perative procedures or invasive linestrubes.		
OR Procedures	5	رج ک
Cardiac/Respiratory Arrest (downtime)		
Chest Compressions (duration)		
Defibrillation		
omments	11/1/1/5	(// 1 ) \}
	\	\
	1 2115	1111

F.y. 5

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael
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		INITIAL PHYSICAL	ASSESSMENT		
Examination performed	i by		Date	Time	
		PHYSICAL EXA	MINATION		
PULMONARY					
Tubes	□Endotracheal	· · · · · · ·	Performed	□Prehospital	□Hospital
	OLeft Chest	□Right Chest	Performed	□Prehospital	□Hospital
Decompression	QLeft Chest	☐Right Chest	Performed	□ Prehospital	□Hospital
Breath Sounds	QEven	QUneven	QAbsent left/right	<b>□</b> Wheezes	□Clear
0.4551011.4500111.45	□Rales left/right	□Rhonchi left/right	QDecreased left/rig	ht	
CARDIOVASCULAR Lines	□PA cath	CCVP COVP	QArterial line		
Heart Rhythm	QRegular	Olmegular			
Heart Tones	□Normal	□Murmur	QRub		
Periph. Pulses	QPresent QPresent	Q1 2 3 4	QAbsent		
Periph. Edema	©Present	D1 2 3 4	QAbsent		
INTEGUMENTARY	an reseme	G1204	was to some		
Color	<b>OPink</b>	□Dusky	□Pale	Quaundice	Other '
	□Bruises	□Lacerations	<b>□</b> Tattoos	☐Track marks	□Piercings-
GASTROINTESTINAL					•
DPL	□Yes	□No	□Resúlt		
Tubes	ONG	□Gastrostomy	OSurgical drains		
Abdomen	, Oincisions	OSurgical scars	Other scars (desc		
	□Soft	<b>OFim</b>	QNon-distended	<b>QDistended</b>	
SENITOURINARY	O+ bowel sounds	QNo bowel sounds			
Jnne Volume	□<100 cc/hr	□100 - 500 cc/hr	◯>500 cc/hr	<b>□</b> Anuric	
Appearance	□Clear	OCloudy	QHematuria		
		20.000,			
MUSCULOSKELETAL	□Closed	Domination of		Constinue.	ONess
Fractures	□Closed	@Compound/open	ODressings/splints	U1 raction	□None
COMMENTS	· · · · · · · · · · · · · · · · · · ·				

Fig. 6

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael
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Donor Name	UNOS ID #
------------	-----------

#### LAB PROFILE

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	C	02																
	BUN (<2	(0)						<del>*************************************</del>	Ì									
Creatin	nine (<1.	5)																
Glucos	e (65-15	0)						***************************************									1	
Calcium	(8.5-10.	5)															ĺ	
Phosphorou	s (1.8-2.	6)														***************************************	İ	
	Total E	3ili										1						
Direct/Conj	ugated 8	3ili						***************************************										
Indirect/U	nconj. E	3ili									······						İ	
SGOT(A	ST) (0-4	0)															1	
SGPT (A	LT) (5-3	5)															İ.	
G	GT (17-5	5)						***************************************			· · · · · · · · · · · · · · · · · · ·							
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	Oth	er									***************************************							
Urinalysis		***************************************			1	CBC		T	1			<b>L</b>	T			T	Ì	
Date						Date							T					
Time						Time.	***************************************						1					
Color						RBC		1										
Appearance						WBC									*************			, ,
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Spec. Grav.						Ha										1		
Protein					P	latel							Ī				Ì	
Glucose			F			Segs	· · · · · · · · · · · · · · · · · · ·								***************************************			
Blood						ymp.								1			i	
RBC		3				and					$\top$	***	1					
WBC				1	N	lono					·		1					
Epith						Eos										7		
Casts	<u> </u>					·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	-						<u> </u>	L			1	
Bacteria																		

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

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Donor Name	UNOS ID #
	SEROLOGIES AND CULTURES

Pre-trans. Date/timo drawn	ANTI HIV I	ANTI HIV II	HIV Antigen	ANTI HTLV I	ANTI HTLV II	RPR VDRL	CMV	HBsAg	ANTI	ANTI	SEROLOGY CODES  NRNOT REACTIVE
Post-trans. Dato/timo drawn	ANTI HIV I	ANTI HIV II	HIV Antigon	ANTI HTLV I	ANTI HTLV	RPR VDRL	CMV	HBoAg	ANTI HBC	ANTI	RREACTIVE

Comments on results (IqG/IqM, etc.)

Cultures	Dato Drawn	24 hour rosult	Dato	48 hour rosult	Dato	Final result Sensitivities
Blood						Sensitivities
Blood						
Urine				•		
Sputum						
Sputum GS						····

			PRE-DON	OR ARTERI	AL BLOOD	GASES				
DATE/TIME	рН	pCO <sub>2</sub>	pO <sub>2</sub>	нсо3	O <sub>2</sub> Sat	FiO <sub>2</sub>	Rate	TV	PEEP	P <sub>i</sub> P
								<b>_</b>		_
		<u> </u>					-			

	MEC	ICATIONS/OT	HER DRUGS		
Pro-Management Modications	<b>D</b> 030	Onto/Timo Startod	Danor Managament Modications	Docue	Date/Time Started
	·				

Fig. 8

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Inventor: Kalthoff, Robert Michael
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Donor Name		UNOS ID # PRE-DONOR INFORMATION								
		PRE-L	N HONO	FORMAT	MOI					
	***************************************	 HEMODY	NAMICS	TEMPERA	SRIITE					
Date	. <b>3</b>				1	T	T	Т		
Time						<del>                                     </del>				
Average BP			<del>                                     </del>	<del>                                     </del>			<del> </del>			
Heart rate					<del> </del>					
High BP										
Duration								ļ		
Low 8P										
Duration				<del> </del>						
CVP						<u> </u>				
PA		ļ								
PAWP					ļ					
CO/CI			ļ			<u> </u>				
Temp					,			'		
Dopamine					<u> </u>					
55,500										
Drug/Dosage										
1										

INTAI	KE					OUTPUT		·	<u>-</u>
Date	Time	Crystalloid	Colloid	Blood products	24 hour total/ hour average	24 hour uring output/ hour averago	Other: output	24 hour total output	Lowest unne output per hour duration
			,						
		ļ							
						·			
									······································
		,							

Blood Products		

Fig. 9

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael

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EKG Date / Time nterpretation		QAbnorm	CARDIAC DATA	
Date / Time		UADnom		
nterpretation		Consulting Physic	di inn	
			18N	
			· · · · · · · · · · · · · · · · · · ·	
2D ECHO	OTRANS_ES	OPHAGEAL ECHO		
ate / Time		Consulting Physici	an	
iterpretation				
VP	EF	88		
0	CI	BP PAWP	HR SF	Cardiac rhythm
ressors OYe	s QNo			PA pressure
<u>ַ</u>	Dopamine	Dosage	Œpinephrine	Dosage
_	Dobutamine	Dosage _	QNeosynephrine	Dosage
NGIOGRAPHY	JOther	Dosage		
ate / Time		Ommunitation in the second		
emretation		_Consulting Physica	ann	
		Р	ULMONARY DATA	
(R	,			
ite / Time	7	-	Interpretation/Comment_	
ange from prev	ious CXR	UYes ONo		
ate / Time	1		1 m 4 m m m m m m m m m m m m m m m m m	
ange from prev	ious CYP	OVed ON	interpretation/Comment	
ONCHOSCOP	Y	UTES UNO		
te / Time			Consulting Physician	
erpretation			Consulting Physician	
nchial washing	s sent for culti	re/gram stain? DY	es QNo Result	
			TO ENO INCOME	
CHEST ME	SUREMEN	TS 1. Length o	f Right Lung	Males
RIGHT LUNG	LEFT LUNG	2. Length o	/ Left Lung	TLC = (0.094 x Ht. cm) -
		3. Aortic Kr	lob Width	(0.015 x Age in Yrs.) - 9 167
· / 18		Knob 4. Diaphrag	m Width	VC = (0.084 x Ht, cm)
	1887 J	5. Chest Ci	rc./Landmark	(0.031 x Age in Yrs ) - 5 335
人工工	N. A.	8. Dist. RCI	PA to LCPA	Females
A 1	Diaphi	7. Total Lur	ng Capacity	TLC = (0.079 x Ht. cm)
1	42 Widi	(DW) 8. Vital Cap	acity	(0.008 x Age in Yrs.) - 7 49
	' <sub>2</sub> ~			VC = (0.052 x Ht, cm) -
Venical Heighi (V)	<del>1</del> )			(0.018 x Age in Yrs ) - 4 36
rasound				[1 inch = 2.54 cms)

Fig. 10

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

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INTRAOPERATIVE MANAGEMENT  Enter OR	Circle Zone (ET) (CT) (MT) (PT) Circle Zone (ET) (CT) (MT) (PT) Circle Zone (ET) (CT) (MT) (PT) Circle Zone (ET) (CT) (MT) (PT)  Duration  Duration  Total Urine Output in OR cc
Enter OR	Circle Zone (ET) (CT) (MT) (PT)  Circle Zone (ET) (CT) (MT) (PT)  Circle Zone (ET) (CT) (MT) (PT)  Duration  Duration
Enter OR	Circle Zone         (ET) (CT) (MT) (PT)           Circle Zone         (ET) (CT) (MT) (PT)           Circle Zone         (ET) (CT) (MT) (PT)           Duration
Incision	Circle Zone         (ET)         (CT)         (MT)         (PT)           Circle Zone         (ET)         (CT)         (MT)         (PT)           Circle Zone         (ET)         (CT)         (MT)         (PT)           Duration          Duration
Clamp Date Time   Exit OR Date Time   Average BP Low BP Duration High BP Average HR Low HR Duration High HF Average Urine Output cc/hr Last Hour Urine Output cc    ##EDICATONS  Thorazine Dosage/Time / DVasodilators    Thorazine Dosage/Time / DVasopressors    ULasix Dosage/Time / Do	Circle Zone         (ET)         (CT)         (MT)         (PT)           Circle Zone         (ET)         (CT)         (MT)         (PT)           Duration
Exit OR	Circle Zone         (ET)         (CT)         (MT)         (PT)           P         Duration           Q         Duration
Average BP Low BP Duration High BF Average HR Low HR Duration High HF Average Urine Output cc/hr Last Hour Urine Output cc MEDICATONS  The parin Dosage/Time / DVasodilators  Thorazine Dosage/Time / DVasopressors  QLasix Dosage/Time / DVasopressors  QLasix Dosage/Time / Dosage/Time	Duration  Duration
Average HR Low HR Duration High HF Average Urine Output cc/hr Last Hour Urine Output cc  #EDICATONS  The parin Dosage/Time	R Duration
Average Urine Output cc/hr Last Hour Urine Output cc    MEDICATONS	
### ### ### ### ######################	Total Onlie Output in OR cc
□Heparin Dosage/Time / □Vasodilators □Thorazine Dosage/Time / □Vasopressors □Lasix Dosage/Time / □ □Solumedrol Dosage/Time / □ □T4 Dosage/Time / □ □Other Dosage/Time / □Blood products type/ □Other Dosage/Time / □Crystalloids type/ ■ HEART HEART / LUNG RIGHT LUNG	
OThorazine Dosage/Time / OVasopressors  OLasix Dosage/Time / OSolumedrol Dosage/Time / OBlood products tyle  Other Dosage/Time / OBlood products tyle  Other Dosage/Time / OBlood products tyle  OR TEAM  HEART HEART / LUNG RIGHT LUNG	
Thorazine Dosage/Time / DVasopressors  DIASIX Dosage/Time / Dosage/Time	□Nipride
□Mannitol       Dosage/Time       /       □Vasopressors         □Lasix       Dosage/Time       /                 □Solumedrol       Dosage/Time       /                 □Other       Dosage/Time       /       □Blood products tyle         □Other       Dosage/Time       /       □Blood products tyle         □Crystalloids typeA         OR TEAM         HEART       HEART / LUNG       RIGHT LUNG	COther
QLasix Dosage/Time / QSolumedrol Dosage/Time / QT4 Dosage/Time / QOther Dosage/Time / QBlood products tyl QOther Dosage/Time / QBlood products tyl QCrystalloids type/A  OR TEAM  HEART HEART / LUNG RIGHT LUNG	ODopamine Dosage
QSolumedrol Dosage/Time /  QT4 Dosage/Time / QOther Dosage/Time / QBlood products tyl QOther Dosage/Time / QBlood products tyl QCrystalloids type/A  OR TEAM  HEART HEART / LUNG RIGHT LUNG	
Other Dosage/Time / OBlood products tyle / OBlood products tyle / OBlood products tyle / OCrystalloids type / OR TEAM  HEART HEART / LUNG RIGHT LUNG	9 ·
Other Dosage/Time / OBlood products tyle Other Dosage/Time / OBlood products tyle Ocrystalloids type/A  OR TEAM  HEART HEART / LUNG RIGHT LUNG	
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OR TEAM  HEART HEART / LUNG RIGHT LUNG  LIVER DORLOT	pe/volume/
HEART HEART/LUNG RIGHT LUNG	iolume /
HEART HEART/LUNG RIGHT LUNG	olding
LIVES CROPUS	
LIVER/ D SPLIT KIDNEYS PANCREAS	G LEFT LUNG
LIVER/ SPLIT KIDNEYS PANCREAS	
LIVER/ O SPLIT KIDNEYS PANCREAS	
LIVER/ D SPLIT KIDNEYS PANCREAS	
TIONETS PANCREAS	
	INTESTINE
	INTESTINE
ANESTHESIA CIRCULATOR SCRUBS	INTESTINE
ANESTHESIA CIRCULATOR SCRUBS	
	OTHERS
Comments	

Fig 11

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

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Donor Na	Donor NameUNOS ID ₿								
					AL DATA	310 8			
Clamp Dat	e/Time	Circle	. <b>7</b> is			***************************************			
Instru Flust	DYes ONO	Circle	Zone (E	:1) (C1) (MT) (	PT) Wạm i	schemic Tim	e DYes DNo	Duration	
Storage Sc	niumon	Flush Solution		Vol	ume	Flush	Characteristics	Q1+ Q2+	Q3+ Q4+
,		cacutable l	10311	LEZ CINO AOIF	ıme	En Bloc	: QYes QNo	Sent En Blo	c aYes aNo
Recovering		vodes OSpl	een	GB1000 Clot	QCell Pr	ep QT	Cell QB Ce	iii	
					Assistant S	urgeon	•		
	Kidney  Hard OSoft	Right  OYes QNo			Anatomy		Left	Lefi	Kidney
	Hard OSoft	QYes QNo			c plaque		QYes QNo	Plaque	QHard OSoft
	- LOCAL				al plaque	·	OYes ONo	Plaque	QHard QSoft
		QYes QNo		Infarc	ted area		QY03 QNo		
		QYes QNo		Caps	ule tear		QYes QNo		
1		□Yes □No		Subcapsula	ar hamatan	m 0	DYes DNo	(	. )
	33	QYes QNo						8	
1 50				Cysts/Di	scoloration	•	QY® QNo	8	
1.	A	QYes QNo		Pui	mped		QYOS QNO		A.
		QYes QNo		Bi	opsy		QYes QNo		
	•	·					- CO - CO	110	
	DICUTE!	(m) (m)							
OTransplan	richiii ted OResea	CIDNEY ANATO	OMY M OX	lot Dannuand			KIDNEY ANA		
		7		or recovered	OTransplan	nted URe	search QDisc	arded Q)	Vot Recovered
Length		cm Width	1	cm	Length	G	em w	idth	· cm
Arter (s)#	Distance	apart			Arter (c)#	Dies		<b>L</b>	
Aortic Cuff	QYes QN	ło			Arter (s)# Distance apart Aortic Cuff QYes QNo				
Are multiple	nteries on a con	umon cuff? QYe	s QNo				common cuff?	Yes ONo	
Length	cm	cm	cm		Length	cm		ста	
Diameter	mm	m.m	mm .		Diameter	cm	cm	cm	
• • • • • • •					Diamote				
Full Vena Ca	Distance	аралт			Vein(s)#	Dista	oce apart		
ſ	iva Gres Giv	16			Full Vena C	ava DYes	QNo		
Length	cm	cm	cm		Length	CIII	СЛП	cm	
Diameter [	min	mm	mm		Diameter.	mm	mm	mm	
Ureter Single/I	Double		or .		Ureter Single	/Double		<u> </u>	· ·
Length	ста	cm	ст		Length	¢m	cm	cm	* * *
Abnormalities Surrical Dama	QYes QN				Abnormalitie				<u> </u>
Piumped	QYes QN	lo requested by			Surgical Dam Pumped		QNo QNo requested	hu	•
Biopsy result	5 -					its	Sun tednested		
Comments					Comments_				
OPO Coordin	ator		-1		Surreon	Signature			
				MOPERATIVE	E MANAGEM	ENT			
7T				HEART	DATA				
OTransplante		<b>O</b> Resear	ch	QDiscorded	QNot Roc	overed/Reas	on	· · · · · · · · · · · · · · · · · · ·	
Flush Solution	1	Vc	olumo						
				<del>-</del> 1					

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

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f.g. 12

Donor Name						UNOS I	D#		
Anatomical abn	•	⊃Yes	ONO	Comr	nents				
Surgical camag		⊇Yes		Comr	nents				
Evidence of CV	disease?	□Yes	QNo		nentz				
Recovering Surg	eon				Transplant Pro	oram		Timo Paga	
					LUNG D	ATA:		Time Recovered	
OTransplanted		search	<b>□</b> Dis∈	carded	☐Not Recovere	d/Reason			
Fiush Solution				_	S	torage Solutio	n	V	lume
Anatomical abno				2:40	Comments			t	
Surgical damage	☐Yes		QNo	Comm	POR				
RL Recovering S	urgeon _				. Transplant Prog	ram		Time Recovered	
LL Recovering S	urgeon _				Transplant Prog	ram		Time Recovered	
<b>Transplanted</b>	□lslet	calle	00	earch	PANCREAS	DAIA		-	
Aortic flush	W/3/61					QNot Reco	vered/Res	ison	
Splenic flush (bac	ktable)	Stad	Time_		Solutio	n		Volume	Char 1 2 3
SMA (backtable)			Time	<u> </u>	Solutio	Λ		Volume	Char 1 2 3
Whole Dyes			QYes		Solutio	n <u>:</u>		Volume	Char 1 2 3
Anatomical abnor		Cenac		CINO	Spieen attached	QYes	QNo	Portal Vein	DYPS Date
Surgical damage	ritainy		QYes	ON <sub>0</sub>	Comments		·		•
Bowel prep comm	ents		QYes	QNo	Comments				
Recovering Surge	on	**************************************							
3 3		· ·			Transplant Progr	am		Time Recovered	
<b>Transplanted</b>	QRese	arch	QDis	carded	LIVER DA				
Aortic flush			ime		Columbia	HINOTH	ecovered	Reason	-
Portal flush		Start T	ime		Solution		f 1	Volume	Char_1 2 3 4
Anatomical abnor	nality		QYes	QNo	Comments	)		Volume	Char 1234
Surgical damage	•		QNo		ote Comments		····		
Capsule torn	QYes		QNo	Comma	nte				· · · · · · · · · · · · · · · · · · ·
Hematoma	☐Yes		DNo	Comme					
Vessels sent	QYes		□No	Comma	nto	···			
Gall bladder incise	d QYes		□No	Comme	163				
Gall bladder flushe	dQYes		QNo	9 01711170	113				
Replaced it hepatic	QYes		QNo	Comme	165 :				
Backtable flush	<b>D</b> Yes		QNo	Commer	115				
Biopsy	QYes		□No		ndude % fat)				
Slide sent with liver			QNo						
Recovering Surgeo					sy, estimate visua	Transition of	ent		•
					INTESTINE O	Transplant P	rogram		_Time Recovered
OTransplanted	QResea	rch (	ODiscar	ded	QNot Recovered/				
Flush		Start Ti	ime	·				Volume	7° 5 4 5 7 1
Anatomical abnorm	airty	(	⊒Yes	ÜΝο	Comments			AAMING	Char 1 2 3 4
Surgical damage	QYes	(	⊇No	Commen	ts				
Bowel prep commer			· · · · · · · · · · · · · · · · · · ·	•			······································		
Recovering Surgeor									•

UNOS CODES

Fig. 13

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA
Inventor: Kalthoff, Robert Michael

[new nonprovisional application]
March 31, 2004

Filed: March 31, 2004 Docket No: LDT01-GN001

UNOS ID # Donor Name Mechanism of Death Cause of Death Circumstances of Death **SixonAC** □Drowning ☐Motor Vehicle Accident □Cerebrovascular/Stroke **O**Seizure ☐Alleged Suicide ☐Head Trauma QAlleged Homicide **QDrug** Intoxication **DCNS** Tumor □Alleged Child Abuse □Asphyxiation □Other □Cardiovascular □Non-Motor Vehicle Accident □Electrical **Other Gunshot Wound OStab □Blunt Injury** OSudden Infant Death Ulntracranial Hemorrhage/ Stroke Q0ther

Fig. 14

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional application]

Filed: March 31, 2004 Docket No: LDT01-GN001

MS Left  OFascia  OFemur  OFibula  OAchilles Tendon  OTibia  Ollium  OHumerus  OHemipelvis  OWhole knee	TISSUE RECC TISS  MS Right  OFASCIA  OFEMUR  OFIBUIA  OACHIILES TENDON  OTIDIA  OHUMERUS  OHEMIDENVIS  OWNOIE KNEE	VERY INFORI ues recovered cv OHeart valves OSaphenous veins OFemoral veins OThoracic aorta	Other Other Overtebral bodies OPSK OSkin ORibs OPericardium OTrachea OComeas/eyes
Other	CAAHOIG KUSA		

MS	Tissues
Date/time begin	
(1st prep start)	
Date/time skin recovered	
(end warm isch. time)	
Date/time tissue recovere	đ
(end warm isch. time)	
Nar Nar	ne & Title
Team leader	
R. side tech	
L. side tech	
Circulator	
Other	
Skin recovered by	

CY Tissues	
Date/time heart recovered	
(end warm isch. time)	
Date/time traches recovered	
(end warm isch. time)	
Date/time saphenous veins recovered	1
(end warm isch. time)	
Date/time femoral veins recovered	
(end warm isch. time)	
Date/time thoracic aorta recovered	
(end warm isch. time)	
Name & Title	
Team leader	
Heart recovered by	
Pericardium recovered by	
R Vein recovered by	
L Vein recovered by	
Circulator	

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 15 of 63

UNOS ID#	_ Patient name	
Organ donor ID #	Tissue donor ID #	
Recovery comments		
Autopsy performed at OLifeNet request OM Pathologist name	IE Request ©Family request ©Not performed Phone	
Hospital medical record returned to		
Hospital staff signature	Date/time	
Returned by		···
LifeNet staff signature		<del></del>

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 16 of 63

UNOS ID #				Patient nam	n <u>a</u>	
Organ donor ID #				Tissue donor ID #		
	EQUI	PMFNT IN	FORMATIC	JAI		
Item	Manu	facturer	Lot			
Heparin	1	idoto(e)	LOTS	Exp. Date	Recorder's initials	
Papaverine						
Lasix	1					
Insulin						
Penicilln						
Dexamethosone				·		
Water (Inject) #1	<del>                                     </del>					
UW (Viaspan®)						
LR imigation (1L bottle)						
LR imgation (1L bag)						
0.9% NaCl impation (slush)						
0.9% NaCl imgation (bottle)					`	
Plegisol						
NaHCO3						
KCI						
EuroCollins						
Prostin			=			
MgSO4						
McCoy's 5A tissue media	·					
Gentamicin	***************************************					
Betadine spray					**	
RPMI 1640					<u> </u>	
libidens/lubricant						
Plasmalyte	· · ·					
Equipment		Sterilization	Run #	Exp. Date		
.E Set	*		1077	EAD. Date	Recorder's initials	
JE/Rib set	***************************************	·				
ikin tray						
ein tray						
leart tray	***************************************					
kin container						
leart container					, 1	
econdary sterilized Kevlar@g	loves		·			
terlie recovery pack (bone)						
terile recovery páck (hear/ski	n)					
terile recovery pack (organ)						
terile QA pack						
ther						

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: S/N:

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 17 of 63 17 of 63

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	2/4/2004 9:35 PST

Recovered: Yes	Consented But Not Recovered: No	Consent Rescinded: No

Recovery Date/Crossclamp time: 7/7/03 2301	Medical Record#:	4593706	

				DONOR INF	ORMATION	-				-
Donor Hospital:	Torrance Men 3330 Lomita			er	Provider#: Original Coor		i031 imple	Coordinate	بسراه	
Admission: Referral: Arrival:	Torrance , CA Date: 6 Date: 7 Date: 7	/30/03 //5/03		Time: 1724 Time: 1748 Time: 1900	Referring Person: Michael Cowan Attending Physcian: Nosrat Nabavi					
Donor:	Jane Doe 900 E. Bay Bl Scott, CA 852				Cause of deat Mechanism of Circumstance Brain Death:	f Death:	Intra	brovascula cranial He r		
SSN:	393-555-121				Asystole:		No			
DOB:	10/16/48				Date/Time:	7/5/03	1834	Ronald	Farran	MD
Age:	54 <b>S</b>	ex:	Female		Date/Time:	7/6/03	1030	Melvin	Snyder	MD
Ht:	5'1 W	Vt:	50 kg		Method(s) Us	ed 1:		EEG		
Race:	White				Method(s) Us	ed 2:		Clinical E	xam	
Act Military:	No				M.E./Coroner	Case:		No		
US Born:	Yes				Permission fo	r donatio	n:	-		
U.S. Citizen:	Yes				Case#:			N/A		
Lived in U.S.:					Restrictions/		son: N/			
Occupation:	Pharmacist				M.E./Coroner			N/A		
Ethnicity:	Not Hispanic	_			Date/Time of	contact:		N/A	N/A	
HLA A: 2,24 ABO: A	B: 7,5( Rh: +	6	DR: 7,8 Sub: 1	<b>DQ:</b> 7,9	Autopsy:	·		No		

	_	. CONSENT INF	ORMATION		
NOK:		Doe Raintree Drive #2016 A 90057	Donor Card: Date/Time of Consent: Request made by:	Unknown 7/6/03 1100 Coleen Dumenjich	
Relationship:	Son Son	A 90037			
Telephone 1:	602-555	5-1212			
Telephone 2:					
Funeral Home:	Grambl	ng Funeral Home			
Organ	Consent Requested	If not requested, write reason	Consent Obtained	If not, give reason	
Kldney	Yes		Yes		
Liver	Yes		Yes		
Intestine	Yes		Yes		
Pancreas	Yes		Yes		
Heart	Yes		Yes		
Lung	Yes		Yes		
Tissue	Yeş		Yes		
Tissue Bank: D	oheny		Tissue Bank Cooordinator:	Jasmine	
Consent for Re	search: No		Other: DN#030707		

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http://www.ldtsystems.com/cgi-bin/otrs.cgi

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Kalthoff, Robert Michael Inventor: [new nonprovisional application] March 31, 2004 S/N:

Filed:

Docket No: LDT01-GN001 18 of 63

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/28/2003 13:16 PST

#### ADMISSION COURSE/COMMENTS

Found unconscious in hotel restroom by fiance. Regained consciousness and able to verbally communicate. Admitted to San Pedro Pennisula Hospital. Head CT performed and showed large SAH, during procedure, pt. again lost consciousness and was intubated. No cardiac or respiratory arrest. Transferred to Torrance Memorial on 06/30/03 for cerebral anglogram, which showed a large anterior communicating aneurysm. On 07/01/03 aneurysm clipping performed. Condition deteriorated and brain death declared on 07/05/03.

	Admission Toxicology	Screen Results:	
Not done.	•		

Please identify any injuri indicators on the diagrar operative procedures or	ns and	describe below.	tattoos, social Include any	
OR:	Yes	Procedures	Aneurysm clipping on 07/01/03	
Cardiac/Respiratory Arrest:	NO	Downtime	n/a	//> (\\ //> . (\\
Chest Compressions:	Yes	Duration	n/a	0 4 10 0 1 10
Defibrillation:	NO		n/a	\
COMMENTS:				
				See Attachments page for Body Notes

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Fig. 19

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/6/2003 23:56 PST

Initial physical assessm	ENT	
Examination Performed by Name: Annette Pope	Date:07/06/03	Time: 1440

#### PHYSICAL EXAMINATION

PULMONARY Tube Endotracheal: 7.0 fr Performed - Prehospital: -Hospital: Yes Left Chest: No Right Chest: No Performed - Prehospital: -Hospital: -Left Chest: No Decompression Right Chest: No Performed - Prehospital: -Hospital: -BreathSounds Even: Yes Uneven: No Absent Left: No Absent Right: No Wheezes: No Clear: Yes Rales Left: No Rhonchi Left: No Rales Right: No Rhonchi Right: No Decreased Left: No Decreased Right: No

CARDIOVASCULAR						
Lines	PA Cath Line:	n/a	CVP Line:	Yes	Arterial Line:	Yes
Heart Rhythm	Regular:	Yes	Irregular:	No		
Heart Tones	Normal:	Yes	Murmur:	No	Rub:	No
Periph. Pulses	Present:	Yes	1234:	4	Absent:	No
Periph. Edema	Present:	No	1234:		Absent:	Yes

INTEGUMENTARY (see donor notès under Attachments page)						
Color	Pink: Yes	Dusky: -	Pale: -	Jaundice: -	Other: Yes	
	Bruises: No	Lacerations: No	Tattoos: No	Track Marks: No	Plercings: No	

GASTROINTESTINAL						
DPL:	No	DPL Result:				
Tubes	NG: Yes	Gastrostomy: No	Surgical Drains: No			
Abdomen	Incisions: No	Surgical Scars: No	Other Scars: No			
	Soft: Yes	Firm: No	Non Distended: Yes	Distanded: No		
	+ Bowel Sounds: No	No Bowel Sounds: Yes				

GENITOURINARY						
Urine Volume:	<100 cc/hr: Yes	100-500 cc/hr: -	>500 cc/hr: -	Anuric: -		
Appearance:	Clear: Yes	Cloudy: No	Hematuria: -			

MUSCULOSKELETAL								
Fractures:	Closed: No	Compound/Open: No	Dressings/Splints: No	Traction: No	None: Yes			

·	COMMENTS	
L side of head with cranial dsg,	-	

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Fig. 20

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784:4872	8/8/2003 9:33 PST

		LAB	PROFILE			·
Lab Date:	06/30/03	07/01/03	07/02/03	07/02/03	07/0303	07/04/03
Lab Time:	1925	0440	0420	2140	0500	0435
Na+ (140-160):	139	136	133	150	148	138
K+ (3.5-5.5):	3.9	4.2	3,3	4.2	3.7	4.0
CL- (96-115):	105·	102	104	118	114	107
CO2:	20	19	20	24	24	22
BUN (<20):	- 12 .	16	12	10	.10 .	11
Creatinine (<1.5):	1.0	1.1	0.9	0.9	0.8	0.6
Glucose (65-150):	157	162	280	167	148	140
Calcium-Ionized or Not (8.5-10.5):		8.5	•	-	•	•
Phosphorous (1.8-2.6):		3.7	812	γ -	·	-
Total Bili:	•	0.5				
Direct/Conjugated Bill:		- ,:		• ·		-
Indirect/Unconj. Bili:	+		•	~	•	-
SGOT(AST) (0-40):		16	•	•	•	C
SGPT (ALT) (5-35):	* ×	39			•	•
GGT (17-55):		•	4	~	-	-
Albumin:	-	4.7		•	•	-
Total protein:	•	8.5	•		-	•
Mg:	•		+	-	•	
Alk Phos (45-110):	÷ ·	-		-	•	
LDH (90-250):	•	209	•	•	•	-
PT (11-15):	11.9		•	-	•	•
PTT (24-36):	23.0		• •			•
CPK/tot MB (0-255/<5)			· · · ·	•	-	
Amylase ():		- 1	i			
Lipase ():	-	-	. <del>.</del>	<u>.</u>	-	-
Other:	•	trigiycerides 171	· ·	•		-
Other:	•	cholesterol 206	•		-	•
Other:	•	-	*	•	-	

	URINALYSIS							
Urinalysis:								
Date:	06/30/03	07/06/03	07/06/03	07/07/03				
Time:	1930	1657	2245	0550				
Color:	yellow	amber	yellow	yellow				
Appearance:	clear	clear	hazy	hazy				
рН:	5.0	6.0	7.0	6.5				
Spec. Grav.:	1.020	1.015	1.010	1.010				
Protein:	2+	2+	1+	1+				
Glucose:	negative	3+	2+	1+				
Blood:	3+	1+	1+	trace				
RBC:	5-10	0-2	2-5	0-2				
WBC:	0-2	0-2	none	0-2				
Epith:	1+	1+	*					
Casts:	negative	negative	•	-				
Bacteria:	rare	rare .		•				

	CBC									
CBC:										
Date:	06/30/03	07/01/03	07/02/03	07/02/03	07/03/03	07/04/03				
Time:	1925	1910	0420	0820	1445	0435				
RBC:	5.04	3.75	3.97	4,13	3.37	4.07				
WBC:	21.0	8.0	13.0	13.1	11.9	11.4				
Hgb:	14.9	10.9	11.8	12.3	10.1	12.1				
Hct:	43,8	32.8	34.7	35.9	28.7	36.1				
Platelets:	238	.e	178	196		128				
Segs:	83	•	-	91	<b>.</b>					
Lymp:	9			. 4	•					
Bands:	'4			, <b>3</b>	-	-				
Mono:	4	• .)-	-	. 2 .	4 •	y *				
Eos:	.0		.0	.0	-	.0				

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST

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Fig. 22

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	1CU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	L\$1212	310-517-4620	310-784-4872	7/8/2003 0:15 PST

		LAB P	ROFILE			
Lab Date:	07/05/03	07/06/03	07/06/03	07/06/03	07/07/03	7/7/03
Lab Time:	0420	0420	1745	2245	0545	1100
Na+ (140-160):	140	138	138	136	135	141
K+ (3.5-5.5):	3,5	3.9	4.0	3.6	3.8	4,5
CL- (96-115):	107	105	107	108	103	110
CO2:	26	22	23	23	23	26
BUN (<20):	12	25	25	21	19	16
Creatinine (<1.5):	0.6	8.0	0.8	0.7	0.9	0.7
Glucose (65-150):	141	212	-	-	198	
Calcium-Ionized or Not (8.5-10.5):	*	8.8	8.8	7.7	8.8	
Phosphorous (1.8-2.6):	-	2.7	1.5	2.0	2.5	
Total Bili:	-	0.7	0.8	1.2	0.8	0.7
Direct/Conjugated Bili:	•	- 7	<b>.</b> .	-	-	
Indirect/Unconj. Blli:	•. ¿	-		-	-	
SGOT(AST) (0-40):		28 .	43	47	61	54
SGPT (ALT) (5-35):	-	52	66	63	81	84
GGT (17-55):		-	339	273	346	
Albumin:	-	3.8	3.5	3.0		
Total protein:		6.8	9	• ,		
Mg:	-	*	2.0	1.7	1.5	1.8
Alk Phos (45-110):	-	-	88	79	84	109
LDH (90-250):	*	175	•		225	
PT (11-15):		•	12.5	12.7	12.9	12.9
PTT (24-36):		-	31.5	33.8	32.1	27.7
PK/tot MB (0-255/<5)	•	• à.	138/3.9	105	91	
Amylase (25-115):		•	34	37	31	33
Lipase (114-286):	•		254	280	213	238
Other:		triglycerides 242	serium osmo 307	triponin 0.05	triponin 0.07	
Other:	•	cholesterol 1	. ÷	•		•
Other:	-		~	•		

Fig 23.

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

23 of 63

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]

Filed: March 31, 2004 Docket No: LDT01-GN001

		URINALYSIS
Urinalysis:		
Date:	7/7/03	
Time:	1805	
Color:	yellow	
Appearance:	clear	
pH:	6.0	
Spec. Grav.:	1.01.	
Protein:	, 1 <sub>4</sub> +	
Glucose:	neg	
Blood:	1 +	
RBC:	•	
WBC:	0-2	
Epith:		
Casts:		
Bacteria:	•	

	CBC								
CBC:									
Date:	07/06/03	07/06/03	07/06/03	07/07/03	7/7/03	7/7/03			
. Time:	0420	1745	2245	0545	1100	1805			
RBC:	4.34	4.49	3.82	3.95	4.29	3:87			
WBC:	12.0	12.9	8.5	12.1	15.1	15.5			
Hģb:	12.9	13.4	11.5	11,9	12.6	11.5			
Hct:	38.2	39.2	33.6	34.7	37.3	34,1			
Platelets:	196	180	155	135	162	136			
Segs:	•		<b>.</b>	4. iii . •	91.2	•			
Lymp:	, sit sayang		, • , •	in the second	4.4	6.7			
Bands:			•	- HI					
Mono:	<u>.</u>	4.0		i de la composición dela composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la compos	4.2	5.3			
Eos:	.0	.0	3	.0'	0.0	<sup>77</sup> .			

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator		2/4/2004 9:35 PST

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Donor/Consent Information Page 8 of 29

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/8/2003 0:11 PST

		LAE
Lab Date:	7/7/03	7/7/03
Lab Time:	1450	1805
Na+ (140-160):	141	141
K+ (3.5-5.5):	4.3	4:1
CL- (96-115):	110	110
CO2:	22	22
BUN (<20):	18	18
Creatinine (<1.5):	0.8	-0.7
Glucose (65-150):	144	134
Calcium-Ionized or Not (8.5-10.5):	8.8	
Phosphorous (1.8-2.6):	1.9	1.7
Total Bill:	0.8	
Direct/Conjugated Bill:		•
Indirect/Unconj. Bill:		
SGOT(AST) (0-40):	49	1
SGPT (ALT) (5-35):	76	1
GGT (17-55):		,
Albumin:		
Total protein:		
Mg:		
Alk Phos (45-110):	79	1
LDH (90-250):		•
PT (11-15):	13.0	13.9
PTT (24-36):	30.2	31.5
CPK/tot MB (0-255/<5)		
Amylase ():		37
Lipase ():		225
Other:		Inr 1.4
Other:		
Other:		

Figzs

	URINALYSIS
Urinalysis:	
Date:	
Time:	
Color:	
Appearance:	
pH:	
Spec. Grav.:	
Protein:	
Glucose:	
Blood:	
RBC:	
WBC:	
Epith:	
Casts:	
Bacteria:	

CBC								
CBC:								
Date:	7/7/03							
Time:	1450							
RBC:	3.91							
WBC:	17.1							
Hgb:	11.7							
Hct:	34.3							
Platelets:	143							
Segs:	89.4							
Lymp:	4.5							
Bands:								
Mono:	5.4							
Eos:	0.1							

UNOS ID#	Donor Name A	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	. ICU	2/4/2004 9:35 PST

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Fig 26

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/7/2003 18:30 PST

	SEROLOGIES AND CULTURES									
Pre-Trans Date/Time	Anti HIV I	Anti HIV II	HIV Antigen	Anti HTLV I	Anti HTLV II	RPR VDRL	СМУ	HBsAG	ANTI HBc	ANTI
•	-	•	-		-	-	-	-	-	-
Post-Trans Date/Time	Anti HIV I	Antl HIV II	HIV Antigen	Anti HTLV I	Anti HTLV II	RPR VDRL	CMV	HBsAG	ANTI HBc	ANTI
07/06/03 @ 1440	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

SEROLOGY CODES: NR = NOT REACTIVE - R = REACTIVE - ND = NOT DONE

Comments on Reactive Results (IgG/IgM, etc.):

CULTURES									
	Date	24 Hr Result	Date	48 Hr Result	Date	Final Result			
Blood	07/06/03	no growth to date							
Blood	07/06/03	no growth to date							
Urine	07/06/03	no growth to date	390	* 1					
Sputum	07/06/03	NO GROWTH AT 1 DAY							
Sputum GS	07/06/03	3=WBC'S, NO EPITHELIAL CELLS, RARE MIXED BACTERIA	1	·					

DONOR ARTERIAL BLOOD GASES										
Date/Time	pH	pCO2	p02	нсоз	O2Sat	FiO2	Rate	TV	PEEP	PIP
06/30/03 @ 2200	7.45	.25.6	214	17.5	. 100	40	14	600	4	-
07/01/03 @ 0722	7.41	32.2	162	20	100	30	10	600	4	-
07/02/03 @ 0730	7.35	,31.6	151	17.1	100	24	10	600	4	•
07/03/03 @ 0001	7.41	35.4	99.8	22	99.8	24	10	600	4	-
07/04/03 @ 0720	7.42	34.9	129	22.2	99.7	24	10	600	4	-
07/05/03 @ 0735	7.47	30.9	153	22.2	99:9	24	10	600	4	-
07/06/03 @ 0712	7.49	27.9	133	20.8	99.7	24	10	600	4	١.
-										1
	ì									1

MEDICATIONS/OTHER DRUGS									
Pre-Management Medications	Dose	Date/Time Started	Donor Management Medications	Dose .	Date/Time Startéd				
Decadron IV Q 6	4 mg	6/30/03 @ 2000	Ancef IV Q 8	1 gram	continued				
Nimodipine p.o. Q 4	60 mg	6/30/03 @ 2000	Dopamine drip	titrate	continued				
Dilantin IV Q 6	100 mg	6/30/03 @ 2000	Levophed drip	titrate	continued				
Labetalol IV PRN	20 mg	6/30/03 @ 2100	Imipenem IV Q 8	500 mg	7/6/03 @ 2200				
Lasix IV x 1	40 mg	6/30/03 @ 2300	Solumedrol IV x 1	2 grams	7/6/03 @ 2130				
Mannitol IV Q 6	50 mg	6/30/03 @ 2000	Lacriibe Q 4	both eyes	7/6/03 @ 2100				
Pepcid IV Q 12	20 mg	6/30/03 @ 2000	Calcium Chloride IV X 1	1 gram	7/7/03 @ 0120				
Propofol IV	titrate	6/30/03 @ 1900	Morphine for vasodilation	2 mg	7/7/03 @ 0145				
Ancef IV Q 8	1 gram	7/2/03 @ 0400	ALBUMIN 25%	50GM -	7/7/03@ 1300				
Vasotec NGT Q 12	10 mg	7/2/03 @ 0500	LEVAQUIN	500MG	7/7/03@ 1200				
Dopamine drip	titrate	7/2/03 @ 0630	MSO4	5mg	7/7/03@1100				
Levophed drip	titrate	7/2/03.@ 1215	IMIPEMEN	500mg	7/7/03@1400				
Plasmanate	500cc	7/2/03 @ 1000							
DDAVP s.q. Q 12	1 mcg	7/2/03 @ 1830							
Morphine IV Q 4	2 mg	7/3/03 @ 1620							
KCL NGT	30 meg	7/3/03 @ 1000		(-1c.	7 -7				

http://www.ldtsystems.com/cgi-bin/otrs.cgi

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional application] Filed: March 31, 2004

Docket No: LDT01-GN001

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Donor/Consent Information

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Nipride d <b>ri</b> p	titrate	7/4/03 @ 1650
Albumin 5%	1000 cc	7/5/03 @ 0645

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Fig 28

http://www.ldtsystems.com/cgi-bin/otrs.cgi

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

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Inventor:

Kalthoff, Robert Michael [new nonprovisional application] March 31, 2004

S/N:

Docket No: LDT01-GN001

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Pagė Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	12/31/1969 16:00 PST

SEROLOGIES AND CULTURES											
Pre-Trans Date/Time	Anti HIV I	Anti HIV II	HIV Antigen	Anti HTLV I	Anti HTLV II	RPR VDRL	CMV	HBsAG	ANTI HBc	ANT: HCV	
Post-Trans Date/Time	Anti HIV I	Anti HIV II	HIV Antigen	Anti HTLV I	Anti HTLV II	RPR VDRL	CMV	HBsAG	ANTI HBc	ANT HCV	

SEROLOGY CODES: NR = NOT REACTIVE - R = REACTIVE - ND = NOT DONE

Comments on Reactive Results (IgG/IgM, etc.):

CULTURES											
	Date	24 Hr Result	Date	48 Hr Result	Date	Final Result					
Blood											
Blood											
Urine			* .								
Sputum											
Sputum GS											
			1	. 34							

			DONO	R ARTERIAL	BLOOD GAS	ĖŞ.	-			
Date/Time	рН	pCO2	pO2	нсоз	O2Sat	FIO2	Rate	TV	PEEP	PIP
										Î
										-
					-	•				
				V 19	1.0				-	
								1		
			÷		-3.					<b>†</b>
										<b>i</b>
		****				-				

		MEDICATIONS	OTHER DRUGS		
Pre-Management Medications	Dose	Date/Time Started	Donor Management Medications	Dose	Date/Time Started
			·		
		<u> </u>			
				1 1	

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http://www.ldtsystems.com/cgi-bin/otrs.cgi

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Inventor: Kalthoff, Robert Michael

S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 29 of 63

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO 1D	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ÍCN	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	12/31/1969 16:00 PST

SEROLOGIES AND CULTURES											
Pre-Trans Date/Time	Anti HIV I	Anti HIV II	HIV Antigen	Anti HTLV I	Anti HTLV II	RPR VDRL	CMV	HBsAG	ANTI HBc	ANT) HCV	
Post-Trans Date/Time	Anti HIV I	Anti HIV II	HIV Antigen	Anti HTLV I	Anti HTLV II	RPR VDRL	CMV	HBsAG	ANTI HBc	ANT:	

SEROLOGY CODES: NR = NOT REACTIVE - R = REACTIVE - ND = NOT DONE

Comments on Reactive Results (IgG/IgM, etc.):

	CULTURES											
	Date	24 Hr Result	Date	48 Hr Result	Date	Final Result						
Blood												
Blood												
Urine			1									
Sputum												
Sputum GS												
######################################												

			DONO	R ARTERIAL	BLOOD GAS	ES				
Date/Time	pН	pCO2	°p02	нсоз	02Sat	FiO2	Rate	ΤV	PEEP	PIP
										-
						11	ć.	· ·		
					· ·					┞——
	2	Ý.	,						2	ļ
	ı									I

·			S/OTHER DRUGS		
Pre-Management Medications	Dose	Daté/Time Started	Donor Management Medications	Dose	Date/Time Started
	·				

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Fig 30

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	10/1/2003 7:04 PST

ž.			HEMODY	NAMICS/TI	EMPERATURI				
Date:	6/30/03	07/01/03	07/02/03	07/03/03	07/04/03	07/05/03	07/06/03	1.	
Time:	1700- 0600	0700- 0700	0700- 0700	0700- 0700	0700- 0700	0700- 0700	0700- 1300		
Average BP:	135/72- 180/94	196-78- 78-38	78/200- 35-85	125-210- 85-65	78/210- 50-100	105/204- 60/100	125/65- 185/92		
Heart Rate:	62-100	48-92	52-102	45-78	45-82	62-84	55-75		
High BP:	180/94	195/78	200/85	210/85	210/100	204/100	185/92		
Duration:	1 hour	5 mins	15 mins	5 mins	30 mins	5 miņs	30 min		
Low BP:	135/72	78/38	78/35	125/65	78/50	105/60	125/65		
Duration:	1 hour	30 mins	30 mins	45 mins	5 mlns	30 mins	5 min		
CVP:	•	-	•	-	÷	-	*		
PA:	-	•		<b>w</b>		•	•		
PAWP:	•	•	•	*		-	•		
CO/CI:	•	<b>-</b> .	-		•	-	-		
Temp:	96.6-98	96.3-98.6	92.6-99.7	95.8-98.6	95.4-97.6	92-98.6	95.6-96.3		
Dopamine;	•	25 mcg @ 0630	0-35 mcg	0-6 mcg	3-9 mcg	3 mcg	3 mcg		
Drug/Dosage:	•	•	levophed 1-8 mcg @ 1215	levophed @ 1-2.5 mcg	levophed @ 0.25- 0.75 mcg	levophed. @ 0.25 mcg - 0.75mcg	levophed @ 0.75 mcg		
Other:	-	•	•	•	nitroprusside 0.18-1.5 mcg @ 1650	nitroprusside @ 0.18-1.5 mcg	•		

		INTAKE	×		100			ΟÚ	TPUT	- 4	
Date	Time	Crystallold	Colloid	Blood Products	24 Hr total Intake	Hour Average	24 Hr Urine Output	Hour Average	Other Output	24 Hr total output	Lowest urine output per hr
6/30/03	0500-0600	1905			1905		2335		10	2345	5
7/1/03	0700-0700	4183		- X	4183	2 4	3825	£.*	40	3865	- 1,0
7/2/68	0700-0700	3506	350	. ,	3856		3680			3680	- 90
7/3/03	0700-0700	2642	500		3142		2990		300	3290	800
7/4/03	0700-0700	1000	950		1950		4710		200	4910	60
7/5/03	0700-0700	1579	500		20,79		2375			2375	.30
7/6/03	077-1300	-562			562		480			480	
							<del>                                     </del>				
			1 =								
					· ·				-		
				TOTAL:	17677	TOTAL:	20395	DIFFERE	NCE: -27	18	

	BLOOD PRODUCTS/COLLOID ADMINIS	STRATION SUMMARY	
2 units of PRBC's.	:		

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST

http://www.ldtsystems.com/cgi-bin/otrs.cgi

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]

Filed: March 31, 2004 Docket No: LDT01-GN001 31 of 63 F1931

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http://www.ldtsystems.com/cgi-bin/otrs.cgi

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

DONOR DATA

Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional appli [new nonprovisional application] March 31, 2004 Filed: Docket No: LDT01-GN001 32 of 63

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO.ID	Coordinator Name	Current Hospital Unit	Record Updated	
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST	
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated	
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/7/2003 12:40 PST	

Date: 07/06/03	Time: 1738	Concultin	- Dhardeles - Willia	
		Consultin	ig Physician: Willia	im Averill
lormal EKG.				
Trans-Esphagea	l Echo: -	•		
Date: 07/06/03	Time:	1800 Con:	sulting Physician:	: William Averill
; Trace tricuspid re	gurg.			
Dopamine: Yes	Dosage: 4 mcg	Epinepi	rine:	Dosage:
Dobutamine:	Dosage:	Neosyn	ephrine: Yes	Dosage: 0.25 mcg
Other:	Dosage:			
Date: 07/06/03	Time: 2020		g Physician: Willia	
	Date: 07/06/03 formal LV systolic fun; Trace tricuspid re EF: 70% CI: Dopamine: Yes Dobutamine: Other:	lormal LV systolic function; Estimated LVEF n; Trace tricuspid regurg.  EF: 70% BP: 117/57  CI: PAWP: Dopamine: Yes Dosage: 4 mcg Dobutamine: Dosage: Other: Dosage:	Date: 07/06/03 Time: 1800 Con formal LV systolic function; Estimated LVEF 70%; Concent is; Trace tricuspid regurg.  EF: 70% BP: 117/57 HR: 81  CI: PAWP: SF: 38%  Dopamine: Yes Dosage: 4 mcg Epinepl Dobutamine: Dosage: Neosyn Other: Dosage:	Date: 07/06/03  Time: 1800  Consulting Physician: Isomal LV systolic function; Estimated LVEF 70%; Concentric left ventricular has proceed that the control of the control

							-	_	_
73	11	240	<b>N</b> 6	A	RY	2	A	w 3	ĸ.

spasm of RCA noted, resolved with intracoronay NTG; No complications; Hemostasis of right groin with 6 French anglo cath.

CXR: Date: 7/7/03 Time: 0630 Change from Previous CXR: No Interpretation/Comment: CLEAR LUNG FIELDS. PER DR CHUANG

CXR: Date: 07/07/03 Time: 0057 Change from Previous CXR: No

Interpretation/Comment: Clear lungs; ETT in good position; NG tube in good position; Left catheter tip at the SVC/RA junction; Suboptimal transmitted image resolution limits interpretation of this study. Interpreted by: William Palk M.D.

Bronchoscopy:

Date: 07/06/03

Time: 1755

Consulting Physician: Dinesh Kumar M.D.

Interpretation: Normal airway membranes; No sub-bronchial lesions; Small amount of erythemia in left main stem bronchi; Carina normal and sharp; Bronchial washings; No complications.

Coring notifier and Stierb, projection washings, the complications.

Bronchial washings sent for culture/gram stain?: Yes Result: 4 + WBC'S, NO EPITHELILAL CELLS, 1 + MIXED BACTERIA

t =	CHEST MEASUREME	NTS		
CHEST MEASUREMENTS  RIGHT LUNG  Airline Knob Width(AW)  Vertical Height (V3),	Length of Right Lung: Length of Left Lung: Aortic Knob Width: Dlaphragm Width: Chest Circ./Landmark: Dist. RCPA to LCPA: Total Lung Capacity: Vital Capacity:	19 CM 19 CM 21 CM 24 CM 79CM	Males: TLC = (0.094 x Ht. cm)- (0.015 x Age in Yrs.) - 9.167 VC = (0.064 x Ht. cm) - (0.031 x Age in Yrs.) - 5.335  Females: TLC = (0.079 x Ht. cm)- (0.008 x Age in Yrs.) - 7.49 VC = (0.052 x Ht. cm) - (0.018 x Age in Yrs.) - 4.36 [1 inch = 2.54 cms]	

	ULTRASOUND
i	Ultrasound: N/A

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HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name OPO ID Coord		Coordinator Name	ordinator Name Current Hospital Unit		
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST	
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated	
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/8/2003 10:59 PST	

INTRAOPERATIVE MANAGEMENT									
Enter OR:	Date: 7/7/03	Time: 1955	Zone: PT						
Incision:	Date: 7/7/03	Time: 2019	Zone: PT						
Clamp:	Date: 7/7/03	Tlme: 2301	Zone: PT						
Exit OR:	Date: 7/8/03	Time: 0020	Zone: PT						
Average BP:	120/60	Low BP: 100/50	Duration: 5min	High BP: 130/70	<b>Duration:</b> 5min				
Average HR:	90	Low HR: 75	Duration: 5 min	High HR: 100	<b>Duration:</b> 5min				
Average Urine	Output: 100	cc/hr Last Hour	Urine Output: 100cc	Total Urine in OR:	300cc				

	MEDICATIONS								
Heparin: Thorazine:	Yes No	Dosage: 30,000u Dosage:	Time: 2250 Time:	Vasodilators:	No	Nipride: Other:			
Mannitol:	Yes	Dosage: 25 gm	Time: 2255	Vasopressors:	No	Dopamine:		Dosage:	
Lasix:	Yes	Dosage: 100mg	Time: 2255			Dobutamine:		Dosage:	
Solumedrol:	Yes	Dosage: 1 gm	Time: 1700			Epinephrine:		Dosage:	
T4:	No	Dosage:	Time:			Levophed:		Dosage:	
Other:	No	Dosage:	Time:	Blood products:	type:	•	volume:	_	
Other:	No	Dosage:	Time:	Blood products: Crystalloids:	type: type:		volume:		

OR TEAM							
HEART	HEART/LUNG	RIGHT LUNG	LEFT LUNG				
CACS		CAUH	Same				
W. Cheng, MD		M. Barr, MD					
D. Toti, RN		M. Bowdish, MD					
		M. Retana, Perfusionist					
LIVER/SPLIT Yes	KIDNEYS	PANCREAS	INTESTINE				
CAUH	Same as liver						
Y. Genyk, MD							
A. Chang, MD							
P. Zubiate, Perfusion							
ANESTHESIA	CIRCULATOR	SCRUBS	OTHERS				
Sean Tritiak, MD	Toni Stafford, RN	Charles Berroya, CST	OneLegacy				
	Ernie Weyand, RN	Vilma Sta. Rosa, CST	Karen Samartan, RN				
		·	Tammy Miley, RN				
			Melissa Friedman, RN				

Co	mments:					
lOb:	serving: Stephanie Collazo, RN and Col	en Dumeniich	. OneLegacy.	Dr. L. Czar.	Cardiac Echo.	CACS

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Fig 34

Donor/Consent Information Page 18 of 29

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated	
DEMO02	Jane Doe	9999	Sample Coordinator	IĆU	2/4/2004 9:35 PST	
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated	
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/8/2003 11:05 PST	

RENAL DATA								
Clamp	Date: 7/7/03	Time: 320:	l <b>Zon</b> e: PT	Warm ische	mic Time: No	Dur	ation:	
Insitu Fl	ush: Yes Fl	ush Solution: UW	Volum	ne: 4,000 cc	Flush Charact	eristics: 4+		
Storage	Solution: UW	Backtabl	e Flush: No	Volume:	En Bloc: Yes	Sent En Bloc	: No	
Typing N	laterials	Nodes: Yes	Spleen: Yes	Blood Clot: Yes	Cell Prep	T Cell:	B Cell:	
Recover	ing Surgeon: Y.	Genyk, MD		Assistant:Surge	on: M. Bowdish, MC	)	,	

Right Kidney	Right	Renal Anatomy	Left	_Left Kidney
Plaque: Soft	Will	Aortic plaque	Mild	Plaque; Soft
Plaque: Soft	Mild	Arterial plaque	Mild	Plaque: Soft
	No	Infarcted area	No	
	No	Capsule tear	No '	
1	No	Subcapsular hematoma	No	E
1	No	Cysts/Discoloration	No	3
( )	No	Pumped	No	
	Yes	Biopsy	No	

RIGHT KIDNEY ANATOMY				LEFT KIDNEY ANATOMY				
Organ Dispostion: Transplanted			Organ Dispostion: Transplanted					
Length: 10.5 cm W		Width: 5 cm	Width: 5 cm		Length: 10.5 cm		Width: 5 cm	
Arter (s)#: Aortic Cuff: Are multiple	i Yes arteriës on a com		Distance Apart:	Arter (s)#: Aortic Cuff:	1 Yes		Distance Apart:	
Length: Diameter:	6 cm cm cm 5 mm mm mm			Are multiple : Length: Diameter:	5 cm cm	cm <sup>-</sup>	ion carr.	
Vein(s)#: Full Vena Cav	1		Distance Apart:	Vein(s)#: Patch of Cava	1		Distance Apart:	
Length: Diameter:	2cm cm cm 7 mm mm mm	Pr		Length: Diameter:	5 cm cm			
Ureter Single/Double			Ureter Single/Double					
Length:	16 cm cm cm	•		Length:	9 cm cm	cm 🔑	-	
Abnormalitie Surgical Dam Pumped: Biopsy Resul Comments: S	No No	/ täken from upp	Requested By:	Abnormalities Surgical Dam Pumped: Biopsy Result Comments: S	ages:	No No No	Requested By:	

OPO Coordinator: Karen Samartan, RN Recovering Surgeon: Y. Genyk, MD

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Fig 35

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

DONOR DATA
Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004
Docket No: LDT01-GN001 35 of 63

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/8/2003 11:11 PST

#### INTRAOPERATIVE MANAGEMENT

	HEART DATA	1	
Organ Disposition: Transplanted		Not Recoverd/Reaso	n:
Flush Solution: UW	Volume: 1 L	Storage Solution:	UW Volume: 1 L
Anatomical abnormality: No	Comments:		
Surgical damage: No	Comments:		
Evidence of CV disease?: No	Comments:		
Recovering Surgeon: W. Cheng, MD	Transp	lant Program: CACS.	Time Recovered: 2315

	LUN	G DATA	
Organ Disposition: Transplanted	-	Not Recovered/Reaso	n:
Flush Solution: Perfidex	Volume: 5 L	Storage Solution: Per	fldex Volume: 2 L
Anatomical abnormality: No	Comments:		
Surgical damage: No	Comments:		
RL Recovering Surgeon: M. Barr, MD		Transplant Program: CAUH	Time Recovered: 2335
LL Recovering Surgeon: "		Transplant Program: "	Time Recovered: "

	PANCREA	AS DATA	3	
Organ Disposition: Not Recovered	Not Recovered/Re	ason: 216-Organ Refused by all	National Progra	m ·
Aortic flush	Start Time:	Solution:	Volume:	Char:
Splenic flush (backtable)	Start Time:	Solution:	Volume:	Char:
SMA (backtable)	Start Time:	Solution:	Volume:	Char:
Whole: Cellac:		Spleen attached:		Portal Vein:
Anatomical abnormality: Yes	Comments:	,	•	
Surgical damage:	Comments:			
Bowel prep comments:				
Recovering Surgeon:		Transplant Program:	Tin	ne Recovered:

			LIVER DATA		
Organ Disposition: Transp	planted		Not Recovere	ed/Reason:	
Aortic flush	Start Tim		Solution: UW	Volume: 4,000cc	Char: 4
Portal flush	Start Tim	e: 2301	Solution: Plasmalyte	Volume: 1,000cc	Char: 4
Anatomical abnormality:	No	Comme	nts:		
Surgical damage:	No	Comme	nts:		
Capsule torn:	No:	Comme	nts:		
Hematoma:	No	Comme	nts:		
Vessels sent:	Yes	Comme	nts:		
Gall bladder incised:	No	Comme	nts: Gall bladder remover intact		
Gall bladder flushed:	Ņo	Comme	nts: "		
Replace rt hepatic:	No	Comme	nts:		
Backtable flush:	No	Comme	nts:		
Biopsy:	No	Result	(include % fat):		
Silde sent with liver:	•	If no bi	opsy, estimate visualized fat co	ntent:	
Recovering Surgeon: Y. G	enyck, MD		Transplant Program:	CAUH Time Reco	vered: 2350

INTESTINE DATA					
Organ Disposition: Not Recovered Not Recovered/Reason: 216-Organ Refused by all National Program					
Flush	Start Time:	Solution:	Volume:	Char:	
Anatomical abnormality:	Comments:				
Surgical damage:	Comments:			,	
			T19.76	<b>;</b>	

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Bowel prep comments:

Recovering Surgeon: Transplant Program: Time Recovered:

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Fig 37

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

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HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	- ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/7/2003 17:57 PST

#### CASE NOTES

07/06/03 Chest Xray at 1730: Evaluation of the lung fields demonstrated no focal infiltrates or effusions. Interpreted by: John Go M.D. 0

0805-ARRIVED W/ MELISSA, REPORT OBTAINED FROM ANNETTE & KIM.

0815-KAREN UPDATED BY KIM.

0840-HEART OFFERED TO CALL, ANNETTE SPOKE W/ SIEGLINDE

0850- KIM SPOKE W/ COLEEN CONFIRMING CONSENT FOR PANCREAS FOR TRANSPLANT ONLY, NO RESEARCH.

0905-SHERRY CONTACTED RE: CALL REQUEST FOR PULM.ARTERY NEEDED W/ HEART. SHERRY TO CHECK W/ UNOS, WILL CALL BACK.

0940- CALL CALLED, SIEGLINDE ACCEPTS HEART BUT WILL NEED PA. NOTIFIED WILL CALL BACK TO LET HER KNOW IF THIS WILL BE POSSIBLE OR NOT.

0950- SHERRY CALLED, SPOKE W/ MELISSA. STATES MED. DIRECTOR TO BE CONTACTED RE: CALL SPECIAL REQUEST FOR PA. 0955- SHERRY CALLED, STATES PER TOM MONE MUST MAXIMIZE ORGAN PLACEMENT AND OFFER LUNGS.

1000-SIEGLINDE NOTIFIED THAT WE WILL TRY TO PLACE LUNGS THEREFORE HEART OFFER IS NOW ON HOLD, WILL NOTIFY ASAP WHEN/IF LUNGS ARE PLACED OR NOT.

1005-UNOS CALLED FOR LUNG/LIVER LISTS.

1030- TONY CALLED TO REPORT HLA RESULTS.

1040-DR. HAYWOOD FROM CALL CALLED US RE: HEART OFFER, STATES PT, HAS SEVERE PULM, STENOSIS. " I THOUGHT THE HEART WAS OFFERED W/ NO SRTINGS ATTACHED". " WE ALREADY TOLD THE PT, ABOUT THE HEART".

1050-LUNG OFFERS STARTED

1100-MARY IN O.R. NOTIFIED, STATES BOOKKED UNTIL 1800 OR 1900.

1115- LUNGS, BOTH ACCEPTED BY DR. VAS SHARMA (CAUH).

1120- SPOKE W/ STEPHANIE, CACL.

1130- SIEGLINDA, (CALL) NOTIFIED OF LUNG PLACEMENT.

1140- TONY CALLED (O. PLACEMENT) STILL TRYING TO PLACE PANCREAS, NEED BX OF ONE KIDNEY.

1200- HEART OFFERS RESUMED

1203- MINNESOTA DECLINED FOR PANCREAS

1215- SPOKE W/ JAY RE: FIO2 CHALLENGE TO BE DONE @ 1300.

1245- UNOS CALLED TO CLARIFY LS #. NOT LS12812. CORRECT# IS LS12182.

1320- PAUL, CAUH ACCEPTED HEART, WILL SEND M.D. TO TMMC TO DO AN ECHO.

1330- SPOKE W/ DR. SHIDBAN. WILL PROCURE KIDNEYS, CALL W/ O.R. TIME.

1515- ANITA TO INFORM CACL THAT DR. GERYK TO PROCURE KIDNEYS.

1530- KAREN AWARE OF O.R. TIME.

1545- SPOKE W/ PAUL CACS, AWARE OF O.R. TIME.

1559- JAY AWARE OF O.R. TIME

1710- DR. SHIDBAN AWARE THAT DR. GERYK FROM CAUH WILL PROCURE KIDNEYS.

1215- JAY CALLED TO REQUEST FIOZ CHALLENGE RESULT/ NOTIFIED WILL CALL HIM BACK W/ RESULTS AFTER 1300.

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Fig. 38

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Activė	LS1212	310-517-4620	310-784-4872	7/7/2003 3:37 PST

### MEDICAL SOCIAL HISTORY

Mother/Father

1. Do you feel that you knew (the decedent's name) well enought to answer questions regarding his/her medical and social history?	YES
<ol> <li>Under the care of a doctor or receiving any medical treatment?</li> <li>Hospitalized or in a long term care facility or psychiatric hospital within the past two years?</li> <li>(If yes, please give the physician's name and name of hospital)</li> </ol>	YES
Donor was a Pharmacist; Had Hx of HTN and self medicated with Inderol. Donor also had Hx of Migraines for approximately 10 years and self medicated with unknown medication.	
3. Any serious illnesses, serious infections (bacterial viral or fungal) or surgical procedures performed in the past?	YES.
In dicated progress note donor had C-section, and hysterectomy.	
4. Any limitations in his or her physical activity?	NO
5. Cancer or other malignant disease, such as melanoma, leukemia, lymphoma or require therapeutic irradiation or drugs for cancer?	NO
6. Suffer from any type of neurological or brain disease such as Alzhimer's, Parkinson's, Creutzfeld Jakob, multiple scierosis, selzures, confusion, memory loss or any history of brain tumor? Been told they or their family were at risk for Creutzfeld Jakob Disease? In the past 12 months had injections or exposure to rables?	NO
7. Use of human pituitary derived growth hormone?	NO
7. Use of human pituitary derived growth hormone?  8. Any autoimmune or connective tissue disease such as scleroderma, polymyosistis, rheumatoid arhritis, systemic lupus erythematosis, myasthenia gravis?	NO
8. Any autoimmune or connective tissue disease such as scleroderma, polymyosistis,	
8. Any autoimmune or connective tissue disease such as scleroderma, polymyosistis, rheumatoid arhritis, systemic lupus erythematosis, myasthenia gravis?	
8. Any autoimmune or connective tissue disease such as scleroderma, polymyosistis, rheumatoid arhritis, systemic lupus erythematosis, myasthenia gravis?  Some carpal tunnel from keyboard work-but had no medical treatment.  9. Any history of asthma, emphysema, or lung disease? Ever had a positive skin test for	YES
8. Any autoimmune or connective tissue disease such as scleroderma, polymyosistis, rheumatoid arhritis, systemic lupus erythematosis, myasthenia gravis?  Some carpal tunnel from keyboard work-but had no medical treatment.  9. Any history of asthma, emphysema, or lung disease? Ever had a positive skin test for tuberculosis? Ever been treated for TB? (If yes, when?)  10. History of digestive or intestinal problems? Ever had bloody stools, intestinal surgery or	YES
8. Any autoimmune or connective tissue disease such as scleroderma, polymyosistis, rheumatold arhritis, systemic lupus erythematosis, myasthenia gravis?  Some carpal tunnel from keyboard work-but had no medical treatment.  9. Any history of asthma, emphysema, or lung disease? Ever had a positive skin test for tuberculosis? Ever been treated for TB? (If yes, when?)  10. History of digestive or intestinal problems? Ever had bloody stools, intestinal surgery or intestinal cancer?	YES NO

F1939

YES

Pharmacist.

(If yes, indicatie date of occurrence and or type of drugs)

Hx of HTN; Unknown when diagnosed with HTN. Self medicated with Inderal for HTN-Donor was a

13. History of heart disease such as valvular disease, endocarditis, rheumatic fever, high

blood pressure, cardiomyopathy (cause), or chest pains? Take any medications for heart or

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blood pressure problems?

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14. Poor circulation or swelling in the legs, phiebitis, leg ulcers, vricosity, deep vein thrombosis, or any other venus disorder? History or vascular surgery or trauma to the legs?	NO
15. Skin infection such as leprosy, eczema, dermatitis, inflammatory skin disease, or abrasions?	NO
16. Any complaints of stiff or sore joints? Any other bone related diseases such as osteoporosis, osteomyelitis? History of broken bones? History of bone or joint surgery?	NO
17. Any eye disease such as glaucoma, cataracts, macular degeneration, retinoblastoma, comeal disease or any other eye disease or infection? Any refractive surgery to correct vision or any other eye surgery? (If yes, name of Ophthalmologist, and date of surgery)	МО
18. Exposure to cyanide, lead, mercury, pesticides, agent orange (handlers) or any other toxic substance resulting in health problems?	NO
19. Vaccination for flu, tetanus, or any other immunizations within the last 12 months?	NO
20. Use of prescribed medication, over the counter, herbal medication or vitamins on a routine basis? Any chronic steroid therapy? (If yes indicate type, quantity and frequency of use)	YES.
Donor was a Pharmacist and self medicated with Inderal for HTN. Donor also suffered with migranes for approximately 10 years and self medicated with unknown medication. Per dicated note donor took vitamins and wore Estrogen patch.	
21. Use of tobacco products? (If yes indicate type, quantity, duration of use)	NO
22. Use of alcohol? (If yes indicate type, quantity, duration of use)	YES
1 beer once weekly	
23. Use of illegal drugs such as cocaine, marijuana or any other illegal drugs? (If yes indicate type, quantity, duration of use)	NO
24. Ever received transfusion of blood or blood products? (If yes indicate type, quantity, date)	YES
Received 2 units PRBC's during this admission.	
25. Been deferred as a blood donor or told not to donate? (If yes, why?)	NO
26. Ever been an organ or tissue transplant recipient such as bone, skin, cornea, kidney, or dura mater? (If yes, indicate date and type)	NO
27. Traveled outside of the United States within the past 5 years? Have a history or malaria or taken anti-malaria medication?	YES

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Traveled to England in February 2003 for 7 days.

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Fig40

NA

The decedent is 5 years of age or younger.

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If yes, go to question 28 If no, check N/A in #28 and proceed to USPHS criteria statement. NA 28. Is the child 18 months of age or younger, or been breast fed within the preceding 12 months? If yes, proceed to the following pediatric section. NA 29. For Pediatric Donors (with a yes answer to question 28), complete the following NA questions for: the donor, the mother and if available the father. The following information on high risk behavior applies to the donor and the donor's mother donor's father Donor's father: Name (place in comments section below) Donor's mother: Name (place in comments section below) \*\*\*Attach additional pages 3 to 5 as needed. USPHS current criteria for high risk behavior The following statement must be read to the person being interviewed.\*\*\* Yes. 30. Exposed to known or suspected HIV, Hepatitis B, or Hepatitis C infected blood through NO an accidental needle stick or through contact with an open wound non intact skin or mucus membrane in the past 12 months? Ever vaccinated for Hepatitis B? 31. Exhibited NO a. Unexplained weakness, fatigue or flu like symptoms b. Unexplained weight loss c. Unexplained night sweats d. Blue or purple spots on the skin or mucus membranes e. Unexplained lymphadenopathy (swollen lymph nodes) lasting more than 1 month f. Unexplained temperature greater than 100.5 for more than 10 days g. Unexplained persistent cough or shortness of breath h. Persistent white spots in the mouth i. Opportunistic infections (e.g. pneumocystis carinii pneumonia) j. Unexplained persistent diarrhea k. Unexplained nausea or vomiting 32. In the past 12 months have a tattoo, ear or body piercing or acupuncture therapy? NO Where, by whom, how? 33. Ever been confined to a correctional facility or long term acute care facility? Ever been NO in jail for more that 3 consecutive days within the past 12 months? (If yes, indicate date and duration of confinement) NO 34. Born in, lived in, or traveled to any of the following countries since 1977 Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger or Nigeria? While traveling in the above countries, received a blood transfusion or any medical treatment with a product made from blood? NO 35. Had sexual contact with anyone who was born in or lived in any of the above countries since 1977? 36. Received human derived clotting factor concentrates for hemophilia or any other NO clotting disorder?

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Had sex in the last 12 months with someone who has received clotting factor concentrates?

37. Use a needle to inject drugs into veins, muscle or under the skin for non-medical use in NO the past 5 years? Or ever? Had sex in the last 12 months with someone who has used a needle to inject drugs? 38. Engaged in sex for money or drugs in the past 5 years? Or ever? NO Had sex in the last 12 months with someone who has engaged in sex for money or drugs? 39. Diagnosed with or treated for syphilis, gonorrhea, herpes or any other sexually NO transmitted disease in the past 12 months? (If YES, indicate date of occurrences) 40. Males, Ever had sex with another man, in the past 5 years? Or ever? NA 41. Females, Within the last 12 months, had sex with a man who had sex with another man NO in the past 5 years? Or ever? 42. Ever been diagnosed with or tested positive for HIV, Hepatitis B or Hepatitis C? NO 43. Suffer from any type of liver disease? Any history of jaundice (yellowing of the body) NO enlarged liver or spleen? Ever been told they had any type of hepatitis? (If YES explain) 44. Had sex or close contact in the past 12 months with a person known or suspected to NO have HIV, Hepatitis B or C infection? 45. Do you have any concerns or other information about medical and social history you NO wish to tell me? 46. Are there other individuals that may provide additional information regarding these NO medical and social history questions? \*\*\*SUPLEMENTAL QUESTIONS FOR LOS ANGELES, ORANGE, VENTURA, AND SANTA YES BARBARA COUNTIES\*\*\* Los Angeles County 1. If donor has a history of diabetes treated by insulin injections, was bovine insulin used? NA 2. Ever had Chagas disease? NO 3. Since 1980, spent a total accumulated time of 3 months or more in the United Kingdom NO or a total accumulated time of 6 months or more in Europe? 3a. Ever received a blood transfusion in the UK since 1980? NO

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COUNTIES\*\*\*

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT

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\*\*\*SUPLEMENTAL QUESTIONS FOR KERN, RIVERSIDE, AND SAN BERNARDING

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- 1. Employed? Type of work?
- 2. Has he/she ever had a mole removed or positive Pap smear? What was the cancer free period?
- 3. did he/she have diseases of unknown origin? Treatment? Recurrence?
- 4. Active encephalitis or meningitis of viral or unknown etlouogy in which symptoms have not resolved at least 28 days prior to death or donation.
- 5. Received human growth hormones between 1963 1985?
- 6. Recent illness? Infection at donation site? If yes, specify type duration, treatment, and date.
- 7. Was he/she physically active? What type of activities?
- 8. Received tattoos, piercing, acupuncture in which shared instruments were known of have been used?
- 9. Ever been in close contact with a person who received organ or tissue transplant from an animal?
- 10. Males only: Has he had a history of prostate and/or testicular problems?
- 11. Immigrant from Halti since 1977?
  If yes: had sexual contact with anyone who was born in or lived in Halti since 1977? (If yes, answer in comments section below)
- 12. Was he/she sexually active in the lastr 5 years? If yes: More than one partner in the last 30 days?
- 13. Has he/she traveled or resided in Europe for greater than 30 days cumulatively since 1980?

If yes, the questions below must be answered.

- 13a. In the UK for mor than 30 days cumulatively since 1980?
- 13b. In France for more than 30 days cumulatively since 1980?
- 13c. Anywhere in Europe for more than 180 days cumulatively since 1980?
- 14. Having answered the questions about medical diseases and behavioral risk factors, do you have any concerns that it might not be safe to proceed with organ and tissue donation?
- 15. Have you selected a funeral home yet?

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. HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	

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Fig 46

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DONOR DATA

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Fig. 47

Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional application]
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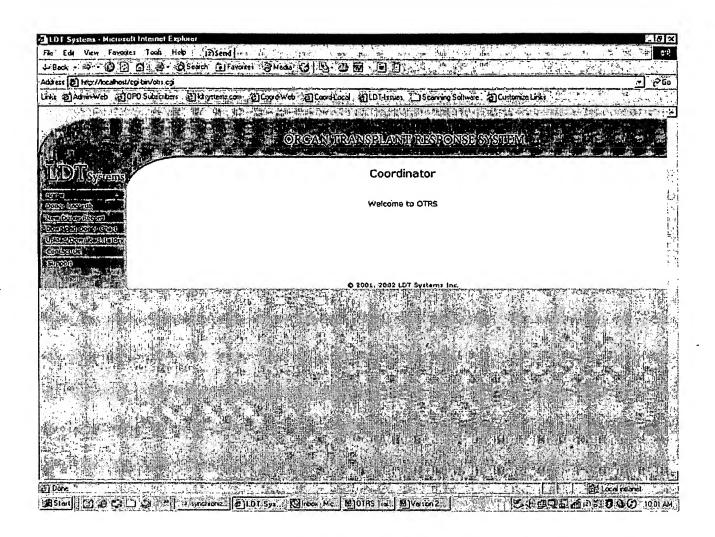


Fig. 48

Inventor: Kalthoff, Robert Michael
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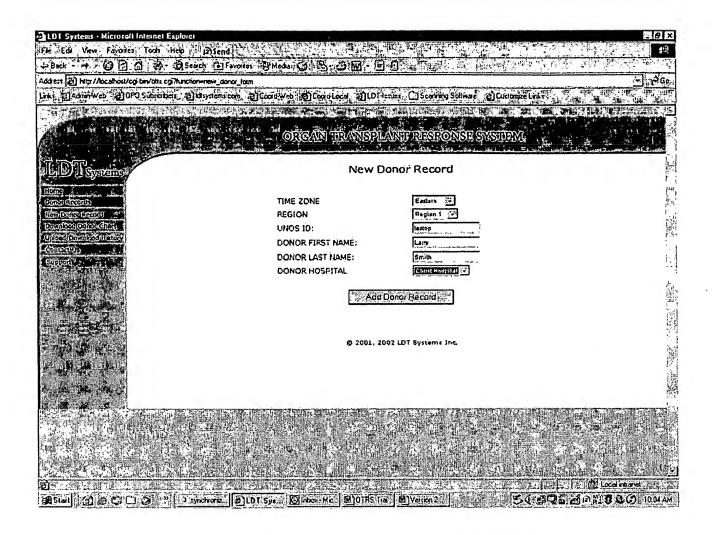


Fig. 49

Inventor: Kalthoff, Robert Michael
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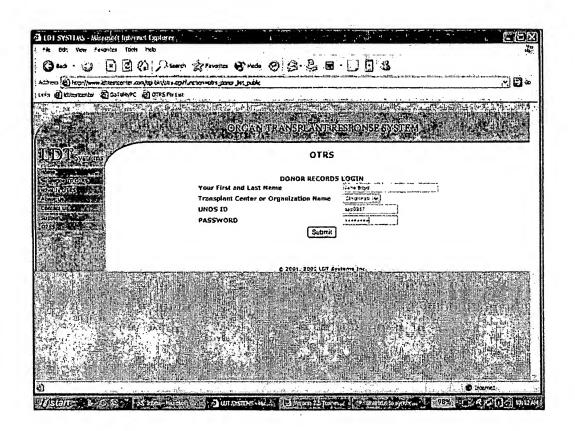
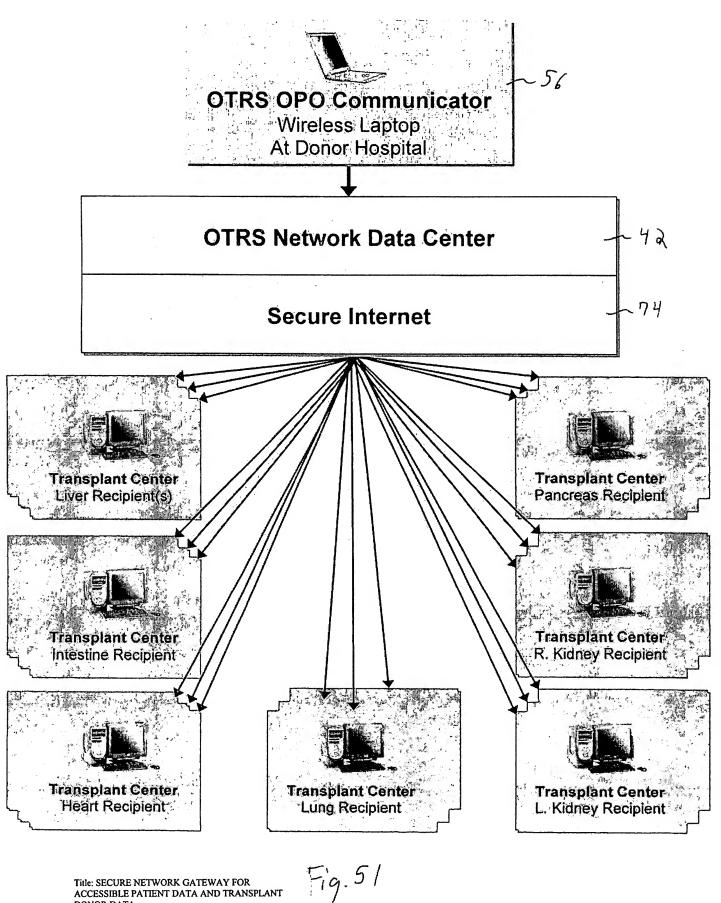


Fig. 50

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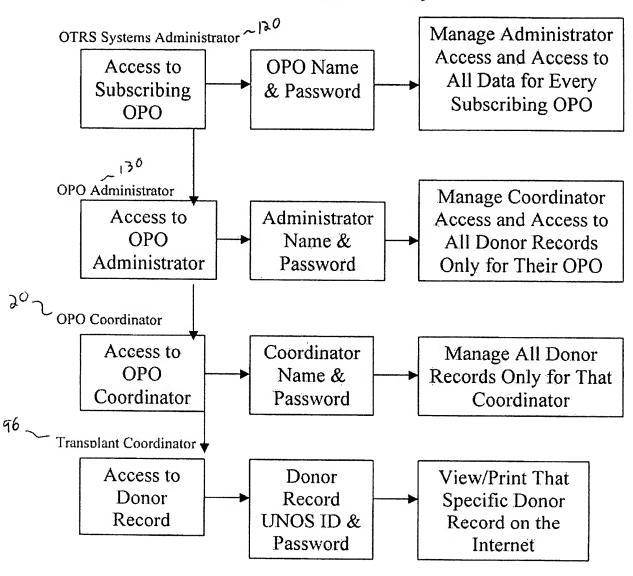


FIG. 52

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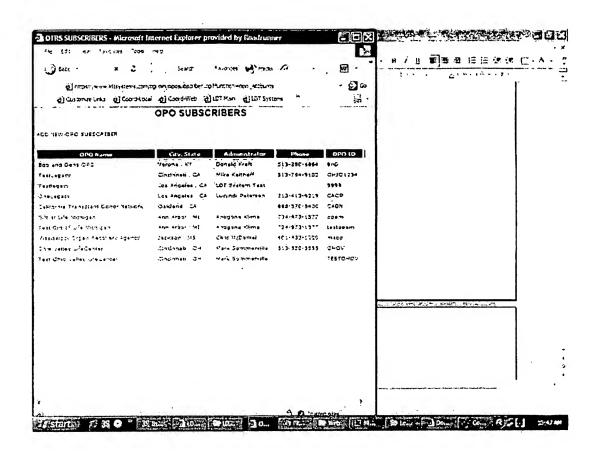


Fig. 53

DONOR DATA
Inventor: Kalthoff, Robert Michael
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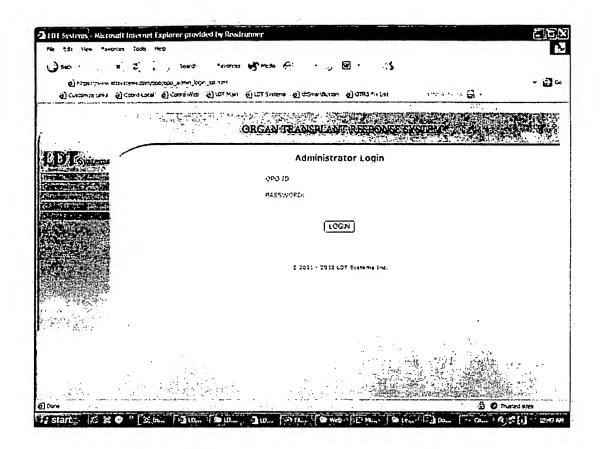


Fig. 54

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]

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Fig. 55

Inventor: Kalthoff, Robert Michael

Filed: March 31, 2004
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Fig. 56

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael

S/N: [new nonprovisional application]
Filed: March 31, 2004
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		11. Any history of diabetes? Treated with oral medication? Insulin injections? Duration of breatment?	
	<u> </u>	<ol> <li>History of digestive or intestinal problems? Ever had bloody stools, intestinal surgery or intestinal cancer?</li> </ol>	
	<u> </u>	<ol> <li>Any history of asthma, emphysoma, or lung disease? Ever had a positive skin test for tuberculosis? Ever been treated for TB? (If yes, when?)</li> </ol>	
		8. Any autoimmune or connective tissue disease such as sclerodorma, polymyosistis, rheumatoid arhrits, systemic lupus erythematosis, myasthenia gravis?	
		7. Use of human pituitary-derived growth hormone?	
		6. Suffer from any type of neurological or brain disease such as Alzhimer's, Parkinson's, Creutzfeld-Jakob, multiple scienosis, satures, confusion, memory loss or any history of brain tumor? Been told they or their family were at risk for Creutzfeld-Jakob Disease? In the past 12 months had injections or exposure to rables?	
		5. Cancer or other malignant disease, such as melanoma, laukemia, lymphoma or roquiro tharapeutic irradiation or drugs for cancer?	
		4. Any limitations in his/her physical activity?	
		3: Any serios illnesses, serious infections (bacteria), viral or fungal), or surgical procedures performed in the past?	
	ő	2. Under the care of a doctor or receiving any medical treatment? Hospitalized or in a long to term care facility or psychiatric hospital within the past two years? (If yes, please give the physician's name and name of hospital) Sample Data is here.	
	<u> </u>	Do you feel that you knew (the decedent's name) well enought to answer questions regarding his/her medical and social history?  YES	
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Fig. 57

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
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According to the state of the s		
u. Any limitations in his/her physical activity?		
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Fig. 58

Kalthoff, Robert Michael Inventor: S/N: [new nonprovisional application]
Filed: March 31, 2004
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Fig. 59

Inventor: Kalthoff, Robert Michael
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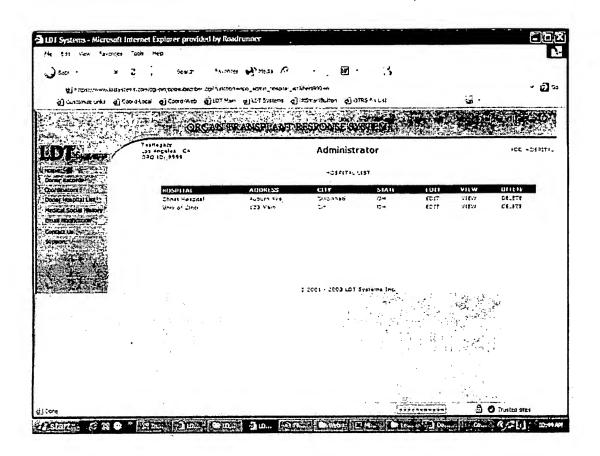


Fig. 60

 Inventor:
 Kalthoff, Robert Michael

 S/N:
 [new nonprovisional application]

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Fig. 61

Title: SECURE NETWORK GATEWAY FOR
ACCESSIBLE PATIENT DATA AND TRANSPLANT
DONOR DATA
Inventor: Kalthoff, Robert Michael
S/N: [new nonprovisional application]
Filed: March 31, 2004

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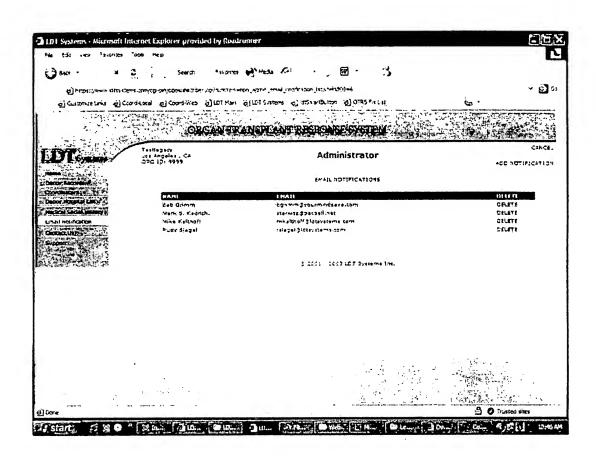


Fig. 62

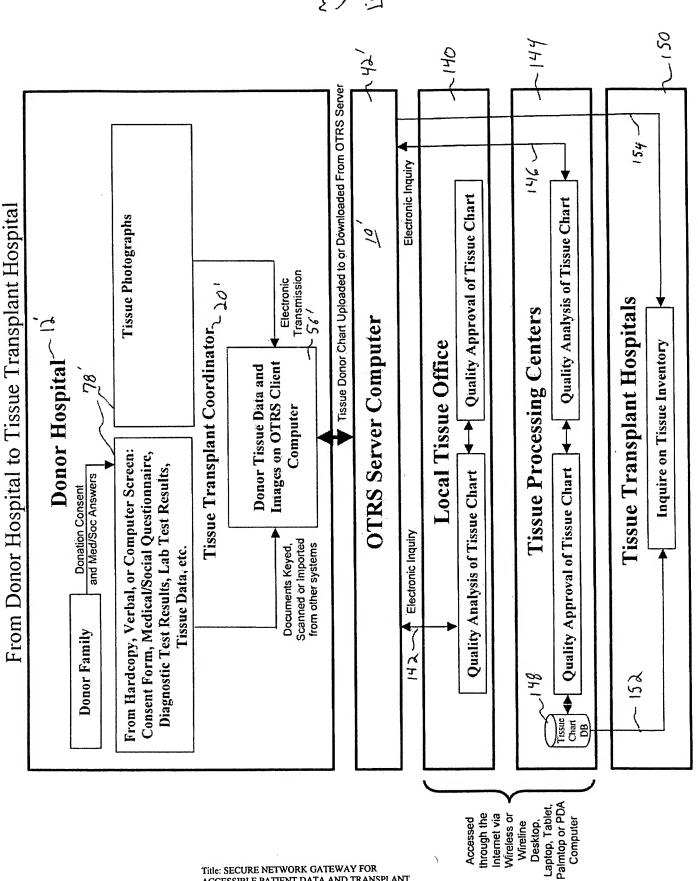
Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael S/N: [new nonprovisional appli

S/N: [new nonprovisional application]
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Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Kalthoff, Robert Michael Inventor: [new nonprovisional application]

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